

POSITION	ID NO.	DATE
CLASSIFIER	18	11/24/94
EXAMINER	416	1/11/95
TYPIST	382	2-2-95
VERIFIER	2010	2-8-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	454	1-20-95
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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SYMBOLS
 ✓ _____ Rejected
 = _____ Allowed
 - (Through numbers) Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
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